

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST
AMENDMENT

AFTER 2ND
AMENDMENT

IND

DEP

IND

DEP

IND

DEP

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

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81

82

83

84

85

86

87

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89

90

91

92

93

94

95

96

97

98

99

100

TOTAL IND.

117

TOTAL DEP.

15

TOTAL CLAIMS

39

TOTAL IND.

117

TOTAL DEP.

15

TOTAL CLAIMS

39